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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/10/18--01005--003 **25.00

M. MILLIGAN SEP 1 0 2018

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: From	the Transporter	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Henly	Roby	
	Frontlin	Name of Person PirmyCompany	a LLL
	537 5/ver)	Address	
	Find address: (1	City/State and Zip Code Obe Used for future annual report	notification)
For further information cor	ncerning this matter, please ca		·
Name of I	Person	at (840) 524 - Area Code Day	time Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

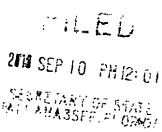
MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1 1	1000 C 10
Front Line T	116
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 12/10/2010 and assigned
Florida document number <u>L1600227358</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Liner 1 tortaa Street aaaress
	431 · 1

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
Mol	Mashayla West		Add
	(3826 Goldenson Dr.	
		3826 Goldenson Dr. Tallahanse Ft. 32303	Change
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			Add
			☐ Remove
			Change
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i effecti	ve date is listed, the d the date inserted in	ate must be speci-	tic and cannot	be prior to date	of filing or mo	re than 90 day:			
ument	's effective date on	the Departmen	nt of State's	records.					
recor	d specifies a de	elaved effect	ive date.	but not an	effective ti	me, at 12:	01 a.m. on	the earli	er of
	oth day after th					·			
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		-7-14-12-	C	r or authorized:		of a manual ar		In. ** 8	

Filing Fee: \$25.00

Page 3 of 3